

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

DAVID I. GRAZETTE,

Plaintiff,

-against-

ROCKEFELLER; CITY OF NEW YORK  
POLICE DEPARTMENT; RCPI LANDMARK  
PROPERTIES, LLC; NEW YORK  
PRESBYTERIAN CORNELL HOSPITAL,

Defendants.

20-CV-0965 (CM)

ORDER

COLLEEN McMAHON, Chief United States District Judge:

By order dated February 6, 2020, the Court directed Plaintiff to, within 30 days, pay the \$400 in fees required to bring a civil action in this Court, or submit an amended application to proceed *in forma pauperis* (IFP). (ECF No. 4.)

The Court is now in receipt of a March 3, 2020 letter from Plaintiff requesting a 30-day extension to pay the relevant fees. (ECF No. 5.) Plaintiff states that because his IFP application “was denied,” he is “in a bind” and requires additional time to pay the relevant fees. (*Id.*)

The Court grants Plaintiff’s request for a 30-day extension. The Court also advises Plaintiff that its February 6, 2020 order did not deny his IFP application. The Court’s order noted that Plaintiff did not provide answers to the questions on the IFP application asking him to describe his monthly expenses, dependents, and any debts or financial obligations. Because Plaintiff failed to provide sufficient information, the Court was unable to conclude that he was unable to pay the relevant fees. The Court therefore directed Plaintiff to *either* pay the fees *or* submit an amended IFP application.

Accordingly, within 30 days of the date of this order, Plaintiff must either pay the \$400 in fees or submit an amended IFP application. If Plaintiff submits an amended IFP application, he

must address the deficiencies identified in this Court's February 6, 2020 order by answering each question on the form and by providing facts to explain how he supports himself and to establish that he is unable to pay the relevant fees. If Plaintiff submits an amended IFP application, it should be labeled with docket number 20-CV-0965 (CM).

### CONCLUSION

The Clerk of Court is directed to transmit a copy of this order to Plaintiff and note service on the docket.<sup>1</sup> No summons shall issue at this time. If Plaintiff complies with this order, the Court will proceed the case in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the Court will dismiss the action.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: March 5, 2020  
New York, New York



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COLLEEN McMAHON  
Chief United States District Judge

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<sup>1</sup> Plaintiff has consented to receive electronic service of Court filings. (ECF No. 3.)

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

\_\_\_\_\_  
(Full name(s) of the defendant(s)/respondent(s).)

**AMENDED  
APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. *Are you incarcerated?* ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. *Are you presently employed?* ☐ Yes ☐ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

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Dated		Signature	
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Name (Last, First, MI)		Prison Identification # (if incarcerated)	
<hr/>		<hr/>	
Address	City	State	Zip Code
<hr/>		<hr/>	
Telephone Number		E-mail Address (if available)	